

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>America, Inc.</b>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1900 Campus Commons Dr Suite 600		
(c) City, State and ZIP Code Reston VA 20191		3. FEC Identification Number <b>C</b> C90014788
2. Occupation and Name of Employer (for Individual Filers Only)		

## 4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on /  / 

## 5. COVERING PERIOD:

FROM

 /  / 

THROUGH

 /  / 

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

120114.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

David A. Bozell

David A. Bozell

06/12/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F5N  
Transaction ID :

Please note that the independent expenditures disclosed on this report were paid from general treasury funds and no contributions were made for the purpose of furthering these expenditures.

Form/Schedule:  
Transaction ID:

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

America, Inc.

Full Name (Last, First, Middle Initial) of Payee

Creative Response Concepts

Date of Public Distribution/Dissemination

MM / DD / YYYY  
06 / 04 / 2014

Mailing Address 2760 Eisenhower Ave

4th Floor

Amount

114.00

Transaction ID : F57.4130

Purpose of Expenditure  
Press ReleaseCategory/  
Type 004Office Sought: ☐ House State: MS  
☒ Senate District: 00  
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
CHRISTOPHER BRIAN MCDANIELCalendar Year-To-Date Per Election  
for Office Sought

114.00

Disbursement For: ☐ Primary ☐ General  
2014 ☒ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee

Creative Response Concepts

Date of Public Distribution/Dissemination

MM / DD / YYYY  
06 / 11 / 2014

Mailing Address 2760 Eisenhower Ave

4th Floor

Amount

120000.00

Transaction ID : F57.4124

Purpose of Expenditure  
Online/Digital Ads & ProductionCategory/  
Type 004Office Sought: ☐ House State: MS  
☒ Senate District: 00  
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
THAD COCHRANCalendar Year-To-Date Per Election  
for Office Sought

120114.00

Disbursement For: ☐ Primary ☐ General  
2014 ☒ Other (specify) Runoff

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ PresidentCheck One: ☐ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) Runoff

(a) SUBTOTAL of Itemized Independent Expenditures..... 120114.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures..... 120114.00  
(carry total from last page forward to Line 7)